



Return to: Utah State Parks
Volunteer Services Coordinator
1594 W North Temple, Suite 116
P. O. Box 146001
Salt Lake City, UT 84114-6001

Volunteer Profile

Please take a few minutes to fill out this profile. We would like to utilize your time and skills effectively, while ensuring you will enjoy your activities.

Name: _____

Address: _____

City, State, Zip+4: _____

Telephone: _____ Home _____ Work _____

Volunteer position(s) you are interested in:

<input type="checkbox"/> Camp Host	<input type="checkbox"/> Docent	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Trails	<input type="checkbox"/> Collection Management	<input type="checkbox"/> Golf Course Operations
<input type="checkbox"/> Other _____		

Park area(s) you are interested in: _____

If you are interested in becoming a camp host, what size of RV do you have? _____

In case of emergency contact: _____

Telephone: _____ Home _____ Work _____ Relationship _____

Are you in school? ☐ Yes ☐ No Where? _____

Educational Degrees: _____

Additional Training: _____

Are you currently employed: ☐ Yes ☐ No Where? _____

Reasons for volunteering:

<input type="checkbox"/> Spare time	<input type="checkbox"/> Civic minded	<input type="checkbox"/> Sharpen old skills
<input type="checkbox"/> School credit	<input type="checkbox"/> Learn new skills	<input type="checkbox"/> Meet new friends
<input type="checkbox"/> other _____		

Do you have office experience? ☐ Yes ☐ No If yes, does that experience include:

<input type="checkbox"/> Answering phones/taking messages	<input type="checkbox"/> Customer service/sales
<input type="checkbox"/> Writing memos/letters	<input type="checkbox"/> Computer experience

Please list software you have used: _____

List any experience and/or special skills that you bring to us! _____

Do you speak any language(s) other than English ☐ Yes ☐ No

If yes, which language(s) _____

Which type of projects to you prefer? ☐ Long term projects ☐ Short term projects

What types of groups would you like to work with?

<input type="checkbox"/> School groups	<input type="checkbox"/> Special needs	<input type="checkbox"/> One to one
<input type="checkbox"/> Adult tour groups	<input type="checkbox"/> Retirement groups	<input type="checkbox"/> All types

Please check any of the following that you would like to do:

<input type="checkbox"/> clerical	<input type="checkbox"/> birding	<input type="checkbox"/> carpentry
<input type="checkbox"/> fund raising	<input type="checkbox"/> grant writing	<input type="checkbox"/> natural sciences
<input type="checkbox"/> research	<input type="checkbox"/> sign language	<input type="checkbox"/> trail safety checks
<input type="checkbox"/> trail guide	<input type="checkbox"/> exhibit guide	<input type="checkbox"/> gift shop
<input type="checkbox"/> gardening	<input type="checkbox"/> program assistant	<input type="checkbox"/> photography
<input type="checkbox"/> art work/crafts	<input type="checkbox"/> outreach program	<input type="checkbox"/> interpretive programs
<input type="checkbox"/> general maintenance	<input type="checkbox"/> special events	<input type="checkbox"/> public relations
<input type="checkbox"/> golf course/pro shop	<input type="checkbox"/> other _____	

Would you be available for "physical labor", such as moving items, hauling, lifting more than 25 lbs.?

☐ Yes ☐ No

Are there projects you would like to avoid? ☐ Yes ☐ No If yes, please list: _____

Months you are available: _____

Which days would you like to work? (Please circle): M T W Th F S Sun

Would you prefer to work in the morning or afternoon? AM PM

Hobbies and interests: _____

List a minimum of one previous supervisor who has definite knowledge of your qualifications and work habits (paid or volunteer). Letters of recommendation may be substituted.

Name	Title & Company	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Source of referral: _____

Signed: _____ Date: _____